

**Printed Name of Applicant** 

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Olympia, WA 98504-7250 Phone: 360-664-1222

Email: transportation@utc.wa.gov

Date

## **Telecommunications Company Name Change**

## **Application for Name Change or Addition of Trade Name**

For Official Use Only		
Company Name:		Docket:
		Date Filed:
Purpose of this Application (select all tha	at apply):	
Change Corporate Name		
Change Trade Name		
Add a Trade Name to a Certificat	te	
Current Name on Certificate:		
Current Trade Name on Certificate (if ap	oplicable):	
Point of Contact:		
Mailing Address:		
Physical Address:		
Phone Number:	Fax:	
Email:		
UBI / Business License Number:		
The new name/trade name must be update	ed with both the D	epartment of Revenue Business License Service
and Secretary of State Corporation and Cha	arities Filing Systen	n.
I request that the name be changed to:		
New Name:		
New Trade Name (if applicable):		
I certify under penalty of perjury under the	e laws of the state	of Washington that the information contained in
this application is true and correct.		

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